

forward

Reducing risk—improving outcomes

ISSUE 19 | AUTUMN 2009

STROKE
FOUNDATION
OF NEW ZEALAND INC

Experts now say we should aim for 30 minutes of moderate physical activity every day, and increase that to 60 minutes once we are fitter.

7 That is how many New Zealanders die from stroke each day, according to latest Ministry of Health figures¹. With more than 2500 deaths a year, stroke is the second largest single cause of death in this country. The only good news for stroke in this report is that the total number of deaths has - for the moment - slightly decreased each year since peaking in 1999. Also, the amount of strokes per total New Zealand population has been steadily decreasing since 1987.

Left on their own, however, these indicators can give a very false impression. Of course, the report was never intended to reveal the full extent and impact of stroke, nor its hidden cost to this nation. But according to new research by AUT Professor Valery Feigin, New Zealand is well behind other developed countries in the rate of stroke incidence decline². "Over the last three decades New Zealand has only declined 11 per cent over the whole population, compared to a worldwide trend of 42 per cent," said Professor Feigin.

Also hidden behind the report's mortality statistic is the fact that stroke is the biggest cause of adult disability in New Zealand, and still demands a more concerted effort to deal with the ramifications of this. The Stroke Foundation is encouraged by the current impetus towards improvement in stroke services nationally, but it is crucial that this continues even in constrained financial times.

Urgent need for stroke awareness amongst Maori and Pacific Islanders

Figures in the Ministry's report confirm once again that New Zealanders of European descent have generally been responding to health messages and adjusting lifestyle accordingly. For Maori and Pacific Islanders it is a different story. Maori are more likely to die at a much

younger age from stroke than non-Maori. At least one in every three Maori who die from stroke will be under 65 years of age (36%). For non-Maori, most deaths from stroke happen over 65 years of age (92%). And according to Professor Feigin's research, stroke rates for Maori and Pacific Islanders have increased by 19 and 66 per cent respectively. They are suffering disproportionately more severe strokes and poorer outcomes.

The Stroke Foundation is greatly concerned about stroke amongst Maori and Pacific Islanders, and wants to get the message of stroke awareness and prevention to them in ways that are urgent and understandable. For example, one specific strategy for 2009 is to further highlight the danger of high blood pressure. While hypertension is the most important medical risk factor for stroke, Maori are 70% less likely to receive treatment than non Maori non Pacific people. The Foundation intends to help improve this situation by partnering with a range of Maori health providers throughout the year to provide relevant resources.

Women and stroke: perception versus reality

There is a perception that stroke is a male disease. The Ministry's report confirms the reality is different. In developing countries, half of all deaths of women over 50 are caused by heart disease and stroke. In

most western countries, women are more likely to die from stroke than men. So too in New Zealand: the report shows that nearly twice as many women die from stroke than men (940 men, 1647 women).

Why the significant difference? There are a few clear reasons. First, when women reach the age of 45, they hit a statistical marker. That is the age when the risk of stroke begins to climb for women. As women move into the menopause years and estrogen is no longer protecting them the way it once did, there is more and more risk of both heart disease and stroke. By the age of 65, women catch up with men in terms of stroke risk. Those intervening years are ones when women seem to need to be vigilant: women don't have quite as many strokes as men in those middle years, but are much more likely to die if they do have one. The reasons for this are not exactly clear, but they have to do with not getting the same treatment as men, and with not recovering as well as men do.

Because of longer life expectancy, more women live alone than men. This means a woman's hospital stay will probably be longer than a man's. Women are also more likely to be transferred to a chronic care facility rather than go home or to rehabilitation, dramatically affecting their independence and quality of life. Female

continued on page 4

Stroke Foundation Contact Details

If you have any questions about stroke or the Stroke Foundation please contact the National Office or your Regional Office.

Freephone Information service

0800 78 76 53 (0800 STROKE)

www.stroke.org.nz

Stroke Foundation of NZ Inc (National Office)

Level 1, Thorndon Rise
95-99 Molesworth Street
P O Box 12482, WELLINGTON
Tel: 04 472 8099
Email: strokenz@stroke.org.nz

Editor: Martin Robinson
Email: martin_robinson@stroke.org.nz

Print design: Craig Lauridsen
Email: craig@acumen.net.nz
Tel: 04 389 1000

Stroke Foundation Northern Region Inc

122 Shakespeare Road
PO Box 31237, Milford, AUCKLAND
Tel: 09 441 8959
Email: northern@stroke.org.nz

Stroke Foundation Midland Region Inc

Chadwick House, 250 Chadwick Road
PO Box 990, Greerton, TAURANGA
Tel: 07 571 3061
Email: midlandregion2@paradise.net.nz

Stroke Foundation Central Region Inc

PO Box 639, Coastlands
Kapiti Coast, WELLINGTON
Tel: 04 902 3261
Email: central@stroke.org.nz

Stroke Foundation Southern Region Inc

70 North Avon Road
PO Box 26024, Richmond, CHRISTCHURCH
Tel: 03 381 8500
Email: southern@stroke.org.nz

Free Vaccine until June 30

NZ Health officials are urging people living with stroke to get their free influenza immunization as soon as possible to improve their defense against this serious illness. Influenza immunization is free until June 30 for New Zealanders at high risk of complications – people aged 65 and over, and people of any age including children, with long-term health conditions such as stroke. According to Virologist, Dr Lance Jennings: “Immunisation is our best protection. Being fit, active and healthy does not protect you against influenza – it’s easily spread and anyone can catch it.” This year’s vaccine offers protection against the Brisbane H3N2-like strain, a Brisbane H1N1-like strain and a B strain.



Mark Vivian,
Chief Executive of the
Stroke Foundation of NZ

The Foundation is stepping up its work

For over 25 years the Stroke Foundation has been the organisation that has taken on the stroke issue in New Zealand. Initially, our concern was the absence of any organised services for stroke survivors and their families in the community. In response, we supported the development of stroke clubs and established Field Officers throughout the country. These are ongoing and the core business of our four regions.

Increasingly the Foundation’s national office has also focussed on improving stroke treatment and awareness of stroke risk factors. This past five years we have pushed the FAST message with the dual focus of increasing New Zealander’s ability to recognise the symptoms of a stroke and to encourage people to treat stroke as an emergency and seek medical treatment as quickly as possible. This has been a very important and successful campaign – along with distributing almost half a million FAST business cards, we have also mailed more than 600,000 NZ households and included the FAST message.

At least one in every three strokes is attributed to high blood pressure. Research suggests one in five New Zealanders have high blood pressure - yet many do not know it. In response to this, we launched a national blood pressure awareness campaign last September. This year, St John has agreed to join us in the campaign and will be providing free blood pressure checks and distributing information packs on Saturday 12th September. It is important we regularly check our blood pressure and keep it as low as possible. Lower is better!

Last year we published a NZ Guideline for risk assessment and treatment of TIA – symptoms or signs of a stroke that go away within 24 hours. The Guidelines have been sent to all GPs and hospitals. People with a TIA are at higher risk of subsequent stroke. However, with treatment, up to 80% of strokes that follow TIA can be prevented. The extent and quality of our hospitals’ responses to stroke onset is clearly vital to stroke outcomes. Since the publication of

the 2003 Stroke Management Guidelines we have encouraged and cajoled DHB’s to implement these best practice evidence-based recommendations. A number of DHB’s this past two years have made very significant improvements to the size of their stroke services. Two months ago we offered to provide an audit programme for acute stroke services, and it is extremely encouraging that all 21 DHB’s have taken up this offer. For the first time NZ will have an accurate report of what stroke services are in place nationally, and each DHB will have a report of how their service compares to international best practice and the national average. We will be reporting back to DHBs before the end of 2009.

This coming year we hope also to update the NZ acute and rehabilitation guidelines for stroke in collaboration with the Australian Stroke Foundation.

We also need to keep focussing further upstream. We are aware that the incidence of strokes – the number of strokes each year per 100,000 New Zealanders - has been diminishing for the last few years. Unfortunately, this reduction is not keeping pace with the growth in New Zealand’s population, nor with improvements in other developed countries. While the incidence of stroke is coming down, the actual number of strokes each year is still increasing. Of particular concern is the very marked increase in strokes among Pacific Islanders living in NZ. Pacific Islanders and Maori have a much lower average age at first stroke than European NZers. In response, the Stroke Foundation is planning work to better resource Pacific Island and Maori communities to reduce their number of strokes.

This work and our achievements are dependent on donor support. More than 80% of our income each year comes directly from our postal appeals. I hope you will continue to support us in our mission to save lives, improve outcomes and enhance life after stroke.

World Watch

UK: Stroke post-traumatic stress risk.

Many stroke sufferers are left with post-traumatic stress disorder. A recent British study found that more than a third of 105 brain haemorrhage survivors tested positive for the disorder, with flashbacks and painful memories of their bleed. This is a similar level to that found in soldiers returning from war zones and amongst victims of sexual assault. Experts say that diagnosing and treating PTSD will aid recovery.

Subarachnoid haemorrhage affects about 8,000 people in the UK each year and is a sudden leak of blood over the surface of the brain. Although emotional distress following this type of stroke is common, it is under-recognised, partly because clinicians tend to focus on physical recovery.

Peter Chapman suffered a subarachnoid brain haemorrhage at the age of 45 in 2001. His post-traumatic stress disorder (PTSD) was not picked up until two years after his stroke. He said: "The first six months were the worst. I was so worried it might happen again and I have never shed so many tears in my life. If I had been tested and treated for PTSD right from the beginning, my life would have been 500% better than it has, and would have made the world of difference to my recovery."

According to Professor Allan House of the Stroke Association: "Doctors do realise this type of stroke is stressful for the patient, but they do not always ask the patient about anxiety and depression. Someone needs to. Some patients undoubtedly have PTSD, while others might have depression or anxiety after a subarachnoid haemorrhage and it is understandable why."

- *Neurosurgery journal/BBC News*

Scotland: Government bill to end the tobacco industry's pitch to young people

Scotland is seen as a world leader in tackling the harm caused by smoking. Preventing the tobacco industry from advertising its products at point of sale is a vital step towards ensuring the next generation of young people in Scotland



aren't hooked on an addictive product which kills half of its long-term users.

Children are much more influenced by tobacco advertising than adults. Because of this, a bill has been introduced to the Scottish Parliament intended to stop the tobacco industry's marketing of its lethal product to children. Introduced on 25 February 2009, The Tobacco and Primary Medical Services (Scotland) is currently being considered and has been referred to the Health and Sport Committee. The bill makes provision about the retailing of tobacco products, including stopping the display of tobacco products and establishing a register of tobacco retailers.

Development of stroke care in Sri Lanka.

Sri Lanka has a population of 21 million and a life expectancy of 72 years, which ranks well above neighbouring, India, Bangladesh and Pakistan. Being a developing nation, infectious diseases such as malaria, tuberculosis, dengue, Japanese encephalitis and acute respiratory infections are still prevalent. There is also an increasing trend for cardiovascular and cerebrovascular diseases, diabetes and cancer. Cerebrovascular diseases are Sri Lanka's fifth biggest killer, with an estimated 180,000 strokes a year – or nine out of every 1000 of population.

There are increasing signs of better collegiality, cooperation and organisation in dealing with stroke in Sri Lanka. For instance, the country's association of neurologists have taken numerous steps to increase visibility of the disease.

Workshops have been developed relating to ultrasonography, radiology and vascular imagery. There has been increasing involvement and collaboration of neurologists, nationally and regionally. An international stroke conference was organized for late 2008 that gathered numerous experts from the across the globe, further strengthening collegiality and expertise throughout Sri Lanka.

- *International Journal of Stroke, Feb 2009*

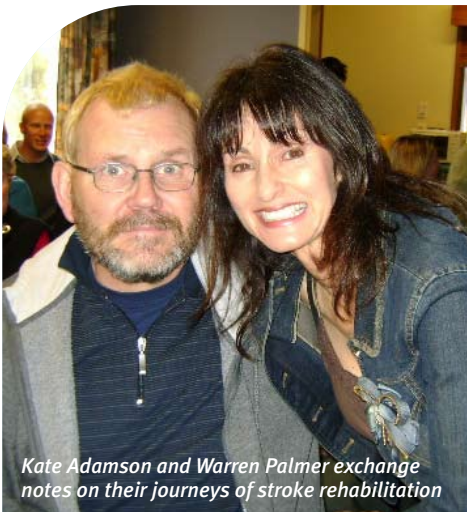
Edinburgh University: leaky blood vessels stroke link.

One in five strokes may be caused by a weakening of the tiny arteries in the brain, a new study has found. The brain damage caused by lacunar strokes, which occur in tiny vessels rather than large arteries, may be caused by a gradual weakening of the artery wall. It was previously thought this type of stroke was caused only by reduced blood flow to the brain.

Edinburgh University experts believe the weakening occurs in the protective lining of the small arteries. Known as the blood-brain barrier, the protective lining stops potentially harmful substances getting into the brain.

Joanna Wardlaw, professor of Applied Neuro-imaging at Edinburgh University, said: "This is an important milestone in the understanding of this common type of stroke and dementia. More research is required, but we hope the results will help in the search for more treatments to this widespread condition."

- *BBC News*



Kate Adamson and Warren Palmer exchange notes on their journeys of stroke rehabilitation

Kate Adamson: A step at a time

California-based stroke survivor, Kate Adamson, encouraged the stroke community in her hometown of Dunedin recently. Visiting her family in New Zealand for the first time since her brainstem stroke in 1995, she spent a day with the southern Stroke community, helping motivate them on their journeys of rehabilitation.

She told the gathering that her stroke had left her unable to move other than to blink, and even that was not easy. She was given a less than one in a million chance of survival.

Thirteen years later, she is a motivational speaker and author of a book about her experience, *Paralyzed but not Powerless*. She still has a weak left side and wears a brace on her left leg, but emphasised to the audience that recovery was about concentrating on small achievements. Some friends and family helped her illustrate how to overcome difficulty when she asked them to try peeling a banana with one hand. For those who would like to read more about Kate's courageous story, try her website www.katesjourney.com

'7' continued from cover

stroke survivors have lower functional recovery and poorer quality of life three months after hospital discharge. Further, some women face additional gender-specific risk factors, such as hormone replacement therapy and use of oral contraceptives which increase stroke risk, especially when combined with smoking.

As mothers, sisters, partners, wives and friends – women can also be highly influential in modeling healthy lifestyle and encouraging this in others, especially

young people. Many risk factors for stroke are determined by behaviour learned in childhood and continued in adulthood, such as smoking, poor diet and lack of exercise. A specific example of negative modeling is that physical activity decreases markedly in adolescence, especially in girls.

- 1 *Mortality and Demographic Data* report 2005, released by the Ministry of Health in 2009.
- 2 *Worldwide stroke incidence and early case fatality reported in 56 populations-based studies: a systematic review*. *Lancet Neurology* 2009; published online. Feb 20 DOI: 10.1016/S1474-4422(09)70025-0 Feigin VL, Lawes CMM, Bennet DA, Barker-Collo S, Parag V.

Huge increase in demand for Stroke resources

The Stroke Foundation has an encouraging problem – keeping up with increasing demand for Stroke-related resources. Many DHBs for instance are no longer asking for a dozen of this or that – but asking for boxes of hundreds! The newly revised materials are particularly popular: **'Understanding and Preventing Stroke and TIA', 'Coping with Stress after Stroke', 'Emotional & behavioural changes after Stroke'** and **'Fatigue-Tiredness'**. Demand of information and support resources has seen an exponential increase with many DHBs asking for not a dozen, but materials in the hundreds.

The national website has also greatly increased its volume of visitors since its revamp was completed a year ago – experiencing an average 36% increase in visitors in the last nine months compared to the same period a year ago. According to website consultant, Ted Fox of Webpromotionz, the increase in volume of visitors to the website and the specific pages viewed indicates users are getting what they want straight away with a high level of satisfaction. The Foundation is always looking at ways to improve the website – within a tight budget of course! – so if you have any helpful suggestions, please let us know.

Women & Stroke: what risks can you change?

There are certainly some risk factors for stroke that you cannot change, but there are many changes you can make to lower or eliminate risk altogether. When you realize that women are more likely to die from a stroke if they have one, it can be a wake-up call to make changes in any of the following that might apply to you:

- **Smoking.** If you need one more reason to quit smoking, this is it. Nearly 24% of New Zealanders between 15-64 still smoke – particularly women. Because nicotine is addictive, quitting can be really difficult, but the positive medical impact of quitting is almost immediate. For help, call Quitline on 0800 778 778 or see www.quit.org.nz
- **Weight Gain.** Being in the obese range is a major risk factor for stroke, especially for women. In particular, if you have 'central obesity,' marked by a waist circumference of more than 35 inches (40 inches for men) you are at greater risk for a stroke.
- **Drinking Alcohol.** Women who drink more than 2 drinks a day increase their risk of stroke by 50%.
- **High Blood Pressure.** Do you know your blood pressure? Lower is better – though 120/80 is put forward as a good target to beat. Many women are surprised when they go in for an annual exam and find that their blood pressure has crept up into the danger area. A woman's blood pressure can climb as much as 8 to 10 points a year in middle age. If you don't know your blood pressure reading for sometime in the last 6 months, have it taken. And if you know it is high, get it treated. There are many treatments for high blood pressure, and keeping it down lowers your risk of stroke.
- **Exercise.** Being even moderately fit can reduce your risk significantly, and women who are very fit can lower their risk by as much as 43% over women who have low fitness levels.
- **High Cholesterol.** Like blood pressure, cholesterol can begin to rise in your 40s. Be sure you have your cholesterol level checked and then keep track of it.

Stroke Foundation Health promotion



Heather Kizito has joined the team at the Stroke Foundation National Office as Health Promotions Manager. Heather comes from a strong background in health promotion and communication and is a welcome addition to the National Office team. Her role will be to plan and implement national strategies to reduce stroke incidence in New Zealand. This means working with stroke stakeholders, health providers and communities to raise awareness about stroke and stroke risk factors, and support people to make lifestyle changes to help prevent stroke.



Understanding and Preventing Stroke and Transient Ischaemic Attack



Stroke Foundation of New Zealand Inc is grateful for the support of the following organisations:

